

Regional EMS Council Process Action Team Planning Session
Best Western Inn & Suites Conference Center
Waynesboro, VA
November 20-21, 2008
9:00 a.m.

Members Present:	Members Absent:	OEMS Staff:	Others:
Gary P. Critzer , EMS Council Board President, PAT Chair	Jerry Overton	Scott Winston	Bill Downs, TJEMS
Dr. Rob Logan , EMS Council Executive Director	Jack Potter	Dennis Molnar	Jeff Meyer, PEMS
Tina Skinner , EMS Council Executive Director		Michael D. Berg	Connie Purvis, BREMS
Dr. Scott Weir , Operational Medical Director		Wanda Street	David Cullen, CSEMS
Dr. Theresa Guins , Physician Member of EMS Advisory Board			Byron Andrews, NVEMSC
Donna Burns , EMS Council Board President			Tracey McLaurin, LFEMS
Dreama Chandler , VAVRS President			Melinda Duncan, NVEMSC
Randy Abernathy , VAGEMSA President			Gregory Woods, SVEMS
Chris Eudailey , Virginia Fire Chief's Assoc. Representative			Byron Andrews, NVEMSC
Scott Hudson , Rural Based EMS Service Representative			Heidi Hooker, ODEMSA
Bruce Edwards , EMS Advisory Board Member			Mike Player, PEMS
Jason Campbell , Virginia Professional Fire Fighter/VML Representative			Cheryl Lawson, PEMS
Gary R. Brown , OEMS Director			Jim Chandler, TEMS
Tim Perkins , OEMS Staff to PAT			Tracy Thomas, Richmond Fire
Kim Allan , Virginia Department of Health			Dr. Karen Remley, State Health Commissioner

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to Order:	The meeting was called to order by the chair, Mr. Gary Critzer, at 9:13 a.m.	
Review & Approval of the minutes dated October 7, 2008:	A motion was made and seconded to approve the minutes.	The minutes were approved as submitted.
Reply to “Supplemental Information Related to the Proposal for Conversion of Eleven Regional EMS Councils to Seven State Regional Offices”:	<p>At a previous PAT meeting it was requested that OEMS provide an estimated cost analysis of the regional councils as state offices. The estimated cost analysis was provided at the October 7th meeting and a “supplemental information” sheet was created by the Regional EMS Council Executive Directors.</p> <p>Scott Winston read the OEMS Rebuttal to the committee and then distributed a copy to everyone. Gary Critzer encouraged everyone to review the documents. If anyone has any questions or comments, please direct them to OEMS or the PAT committee at a later time.</p> <p>Gary stated that the next two days are very important and will be very busy. The committee has collected a lot of information over the last several months and now needs to make some decisions in order to turn out a product that will be good for Virginia. Dr. Remley will be joining us tomorrow after lunch.</p>	
Reaffirm PAT outcome, overview session, and agree on behavioral norms for the process – Tyler St. Clair, Facilitator:	<p>Ms. Tyler St. Clair introduced herself to the committee and discussed the session goals which are as follows:</p> <ol style="list-style-type: none"> 1. Reaffirm the outcome that the Process Action Team (PAT) is to achieve 2. Agree on behavioral norms for a successful process 3. Development a summary vision for Virginia’s EMS Regional Council system (most significant future attributes/outcomes) 4. Review elements of the process and identify what participants have learned 5. Resolve fundamental decision points 6. Identify opportunities for improvement 7. Develop specific recommendations and strategies for improvement 8. Identify next steps <p>The behavioral norms for a successful process are as follows:</p> <ul style="list-style-type: none"> • Work together for a common solution (not individually) • Seek stakeholder input • Have an open mind; be willing to consider all solutions • Participate • Work for what is good for the Commonwealth, not individual constituencies • Recognize that not everyone can be made 100% happy; compromise • Be nice 	
Develop a summary vision statement for Virginia’s Regional EMS Council System:	Ms. St. Clair had each committee member write three statements concerning the desired future of the Regional EMS Council system. The committee members then grouped the statements according to the same or similar goals. Scott Weir, Donna Burns and Tim Perkins formed a sub-group to categorize the statements to create a summary vision.	

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	<p>Ms. St. Clair's report shows a separate, detailed sheet that makes up the summary vision for Virginia's Regional EMS Council System.</p> <p>The following is the Summary Vision that was created: <i>"The Regional EMS Councils provide the highest level of quality in patient care to every citizen in the Commonwealth of Virginia as based on the best available evidence that is periodically reviewed and updated with continuous assessment and evaluation of outcomes and impact."</i></p>	
Identify process elements and PAT learning in relation to the summary vision:	<p>Ms. St. Clair went over the main points that were covered since the PAT began to meet back in February 2008 and asked the group to reflect on the past 10 months to determine what they have learned thus far about the Regional EMS Council system. Each council member, from his or her perspective, gave a brief analysis of what they have learned during this process as shown on pages 3 and 4 of the report from Ms. St. Clair.</p> <p>The main conclusions from all of the responses focus on structure, trust, collaboration, and accountability.</p>	
Resolve fundamental decision points:	<p>Fundamental Decisions:</p> <ol style="list-style-type: none"> 1. Should we go to State Regional Council offices? Per request by Gary Brown, it was decided not to vote or address this issue today. Maybe a sub-committee could be formed to examine this possibility fully. It was agreed that not enough information has been brought forth on state regional offices to make a decision. This item has been tabled. 2. Should we redraw the service area boundaries as proposed in Map C? A motion was made and seconded not to redraw the service area boundaries. In Favor = 8, Oppose = 2, Abstentions = 3 Motion carried. 3. Based on our collaborations in the proposed regions, are there any "friendly mergers" or changes in regional composition that may be advantageous? WVEMS and BREMS have agreed to collaborate. In ODEMSA, Halifax County was looked at to see if they stayed or merged with SWVEMS because of the difference in organizational structure. 4. If we are not going to consolidate, what opportunities for improvement need to be pursued in the system to achieve the vision for the Commonwealth EMS system? <p>Per Gary Brown, currently there are eight (8) designated service areas. What the committee wants to do as a system is create a solid proposal that we can stand on. The committee needs to look at service areas and get beyond the map issue and get to the system issue. OEMS will propose the following Regional EMS Council recommendations to the Board of Health:</p> <ol style="list-style-type: none"> 1. SWVEMS 2. ODEMSA 	

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	<p> 3. TEMS 4. PEMS 5. NVEMS 6. WVEMS & BREMS 7. Federation (REMS, TJEMS, LFEMS & CSEMS) </p> <p>This proposal means that there will be seven (7) designated service areas. The Blue Ridge and Western Virginia Councils will be one service area.</p> <p>The factors that will help with this recommendation are listed at the top of page 6 of the report from Tyler St. Clair.</p> <p>Donna Burns does not want to see the GAB and FARC representation change. Gary stated that would not change unless it is changed in the <u>Code of Virginia</u>.</p> <p>There was much discussion on the legal issues regarding the governing bodies of the councils. More information and clarification will be forthcoming. There can be several contracts (councils) in one service area, but one governing body. In order to allow more than one governing body in a service area, there will need to be changes made in the Designation Manual.</p> <p>Jason stated that he would like to see further collaborations in order to provide better services. He would like to see more councils work together; such as TEMS and PEMS. Can they combine as one service area, but remain separate councils? If four councils can combine, why can't these two?</p> <p>A motion was made and seconded to create 6 regional service areas by combining TEMS and PEMS into one service area. Bruce recommended that the motion be tabled until tomorrow morning.</p> <p>Gary Critzer recommended that Bruce Edwards and Scott Hudson meet with representatives of TEMS and PEMS to discuss this and report to the committee first thing in the morning. Another motion will be made at that time.</p> <p><u>The Planning Session continued on 11-21-08 at 8:40 a.m.</u></p> <p>Bruce reported that it would not be in the best interest of the TEMS and PEMS regions to combine service areas. Neither council wants to be forced into collaboration. They would like it to be a cooperative effort that may happen in the future.</p> <p>Scott Hudson read a letter stating the reasons why TEMS and PEMS should not share the same service area. Both councils feel that consolidation will have more potential disadvantages than advantages. The councils are opposed to consolidating the service areas.</p> <p>Chris Eudailey stated that when this process was started, the committee members talked about change.</p>	

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	<p>Sometimes change is embraced and sometimes it isn't. The goal is not to consolidate the councils; the goal is to reduce the number of councils. He feels that these two councils should not be allowed to dictate whether they want to "consolidate" or not.</p> <p>Randy feels that there has been enough discussion and information over the past nine or ten months. He is ready to move on and make a decision.</p> <p>A motion was made and seconded for TEMS/PEMS to operate as one service area. All in Favor = 4 Oppose = 7 Abstentions = 2 Motion failed.</p> <p>A motion was made and seconded to accept the seven (7) regional council service areas that Gary Brown proposed yesterday. All in Favor = 10 Oppose = 2 Motion carried.</p> <p>A substitute motion was made and seconded for creating eleven (11) regional council service areas. All in Favor = 2 Oppose = 9 Motion failed.</p> <p>Gary Critzer stated that this has been an arduous task. He would like everyone to make a commitment to make the vision and goals for the Regional EMS System happen.</p>	
<p>Identify opportunities for improvement:</p>	<p>Ms. St. Clair asked, "What changes do we need to make to achieve the summary vision?" The committee was broken up into three small groups to create recommendations or changes in the Regional EMS Council System. From those recommendations or changes, the groups will create focus areas and from the focus areas, actions plans will be made.</p> <p>The groups created the following recommendations or changes as noted on pages 7, 9 and 10 of the report:</p> <ul style="list-style-type: none"> • Trust • Philosophy and Values • Shared Vision and Values • Conscious and Deliberate Practice • Standardization of Care • Sound Business Model • Resource Management • Providers <p>Bruce agrees with what Scott Weir stated about getting everyone on same page, but the methods and avenues that we will be debating to get there is where the problems occur. It is a process that will need monitoring; it will be an ongoing process.</p> <p>Randy wants to know: how do you manage when you get a part of the group that goes against the</p>	

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	system? How do we as a system address this? When part of the system is fractured, it affects the whole group.	
Develop recommendations/strategies for improvement:	<p>Ms. St. Clair would like the groups to create more structure for the recommendations. The middle of page 6 in the report is the summary vision for the year 2020. Also on this page are the six outcomes of the recommendations created in the last step. Next to each recommendation on page 6 is a statement of achievement for the Regional EMS Council system.</p> <ul style="list-style-type: none"> • Trust • Shared Vision and Values • Data Driven Performance Improvement • Standardization of Care • Sound Business Model • Efficient Resource Management 	
Discuss and achieve group agreement on the recommendations and action steps:	<p>Ms. St. Clair asked the committee to work in groups again to brainstorm ways to improve the recommendations; what are the objectives and actions plans needed to improve the Regional EMS Council system? Each of the action plans are listed on pages 11-14 of the report. The committee is encouraged to make commitments to reach all of these goals within the next five to ten years.</p>	
Agree on next steps, address questions, etc.	<ol style="list-style-type: none"> 1. Clarify/interpret the language in the Designation Manual to insure that more than one council can serve a service area. Make sure this language does not exist in more than one area and change all. This is to be done by Gary C., Dave, Tim, Tina by 12/31/08. 2. Create a FACT sheet from the PAT committee with recommendations to include roster. It should summarize the process, proposal and the agreement. Clarify that PAT members fully participated and a public comment period followed for other to provide additional information. Send to PAT members for review and comment before distribution. This is to be done by Gary C., PAT Vice Chair, Tim, David Cullen. 3. Each PAT member will make a report to the group that they represent using the approved FACT sheet. The group commits to using the final approved fact sheet as the primary method of communications to avoid confusion and misinformation. 4. A small group will meet with Delegate Abbitt to tell him that there has been an agreement to designate the 7 service areas and ask him to remove the budget bill language. To be done by Donna, Gary C., and Jason. 5. Ensure that the 7 service areas that we agreed upon will be adopted by the EMS Advisory Board on February 13, 2009. Then the proposal can go forth to the Commissioner. This will be done by Gary C. 6. Commissioner Remley and the Chair of the EMS Advisory Board will present the results of the PAT process to the Board of Health. 	

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	<p>7. OEMS will implement the designation process and send out the package, including the clarification regarding the ability of more than one council to serve within one service area. The Regional Councils will apply for designation.</p> <p>8. If councils submit packages by March 1, 2009, regional contracts will be awarded by a date determined by OEMS (after conferring with legal counsel). The group would prefer July 2010 to enable improvements to the contract.</p> <p>9. The chair will work with OEMS and other stakeholders to define an ongoing structure for implementation of the Summary Vision and other PAT/EMS issues.</p> <p>10. The PAT process will continue to develop the EMS Summary Vision and its strategies on a quarterly basis (possibly by telecomm), including the use of sub-committees to bring in more stakeholder input. This is to be done by Gary C. (Will work with Bruce, Gary B.)</p>	
Future meeting dates – Gary Critzer:	Future meeting dates were not discussed.	
Public Comment Period:	<p>Mike Player applauds the committee for allowing everyone to voice their input and for their hard work.</p> <p>Dave Cullen would like to leave this summit with the understanding that there will be seven designated service areas but with 11 regional councils. It was pointed out that as long as all eleven apply for designation, there will be eleven regional councils..</p> <p>Scott Winston recommends that what was accomplished here today be forwarded to the FLAP Committee. This committee is responsible for developing, maintaining and updating the state EMS Plan and he feels that it's not premature to share the information with the committee so they can begin to look at what changes and revisions may be needed to the Plan. Gary Critzer feels that this is reasonable and that there should be an on-going relationship between this committee and FLAP due to this being a work in progress.</p>	
Closing Remarks:	Gary thanked everyone for their attendance in this whole process and thanked Ms. Tyler St. Clair for her efforts in working with us on this summit. (Applause) He stated that it was rewarding and refreshing to have Dr. Remley join us and thanked her for taking time out of her overwhelmingly busy schedule. (Applause) Dr. Remley stated that she feels honored to be here. It is the passion of the people in EMS that makes it worthwhile because you are engaged and involved and the citizens of Virginia are fortunate to have so many of the people in this room. She is very impressed with the work that EMS accomplishes.	
Adjournment:	The meeting was adjourned at 5:20 p.m. on November 20, 2008 and at 4:00 p.m. on November 21, 2008.	

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REGIONAL EMS COUNCIL
PROCESS ACTION TEAM
Planning Session



November 20-21, 2008
Best Western Hotel – Waynesboro, VA

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REGIONAL EMS COUNCIL PROCESS ACTION TEAM PLANNING SESSION
November 20-21, 2008
Best Western Hotel – Waynesboro, VA

SESSION GOALS

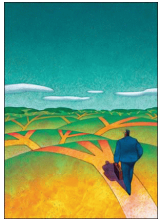
1. Reaffirm the outcome that the Process Action Team (PAT) is to achieve
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5. Resolve fundamental decision points
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7. Develop specific recommendations and strategies for improvement
8. Identify next steps

BEHAVIORAL NORMS FOR A SUCCESSFUL PROCESS

- Work together for a common solution (not individually)
- Seek stakeholder input
- Have an open mind; be willing to consider all solutions
- Participate

- Work for what is good for the Commonwealth, not individual constituencies
- Recognize that not everyone can be made 100% happy; compromise
- Be nice

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Where are We?

Reflecting on all the information that has been presented and discussed, what is the most significant conclusion that you have come to (individually) about what we need to do to achieve the Summary Vision for Virginia's Regional

Tina: Over the past many months this has been a healthy assessment and we should do that on a fairly regular basis (take a look at our system.) There are areas where each of us can improve and areas where we can share best practices. There also needs to be a move toward more accountability. As a PAT Member looking at the maps, I see that there are more opportunities for collaboration. I'd like to create a system that works more collaboratively to achieve our vision. A lot of us talk about it, but we need to do it.

Donna: We all share the same vision and want the same good care for our patients. Geographic boundaries don't really affect the vision, so making different boundaries shouldn't be part of the vision. There is a perception that there that OEMS is on one side and the regional councils are on the other. It's okay to disagree, but things have gone beyond that. We should be more friendly to each other, be honest, and not do things that others don't know about that are destructive.

Dreama: We have a lot of vision [themes] in which everyone is interested, including patient care, standardization, and others. As a result of this process, were people forced to say that collaboration is needed and will they slide back when the process stops? We need input from localities about what will work best for them. There are a lot of things locally that have to be specialized so we need input on that. I'm leaning toward the council offices becoming state offices because they already have things in place to create a smoother transition toward the things that we want.

Randy: I agree that good things have come out of the process and that we need to do self-evaluations. But the process has gotten kind of broken as we have reduced it from an issue perspective to a personality perspective. The trust factor is hampering this process and may do so in the future. I think that the public/ private partnership has suffered a death knell. When people question your intent behind your back, the system suffers. I would like to think that the system is not failing because we have a lot of good people in it. But we need to be able to do our work objectively and fairly and get to the outcome. I suggested to the PAT Chair that we set up an ethics board so that we can deal with folks who don't stay within the process. The State has a lot to offer, but we get caught up in the minutiae and are not able to do the professional work we need to do.

Rob: In our fact-finding stage, we learned that we have some opportunities for improvement and that consolidation just for consolidation's sake is not what we wanted. The proposed realignment did cause us to come to this process. We learned that it was very difficult to overcome the issue of self-preservation. We now know that we must seize every opportunity that we have to work together, engender trust, and do all this to achieve the vision that we created this morning.

Gary B: We need to put our personal agendas and turf issues aside, focus on the bigger picture, and come to consensus. Everyone will need to give a little bit and not everyone will be 100% happy.

Scott W: Align our shared goals and objectives and make a decision about where we are going. It's hard to have dispassionate discourse around issues that are highly emotional. We need to be mindful in here of every party's perspective without dismissing it because of its emotional content but move forward in consideration of it.

Scott H: We were a system in need of an overhaul. This process has allowed me to shift my mindset and I appreciate the opportunity. We need to talk to each other and not at each other. We need to share information about successful solutions and not worry about the competitive component. We need to put personal feelings aside and make recommendations that will serve our citizens. We need to return to a “boots on the ground” (grass roots) approach and compromise within our regional areas to reach solutions. Personally, I think that merging councils just to reach a number is not a solution. If it works to merge, let’s facilitate that process. For councils that are working well, let them continue to do the job that they are doing.

Chris: Our “historian” told us how councils were created and it served the Commonwealth well for a long time, but we now have the opportunity not to live in the past, but to live in the future. We have to focus on the future and be open to potential change that affects our statewide EMS system as long as it enhances the services that we are providing to our citizens. I don’t want to see change just for the sake of change. I, too, share concerns that things will slip back to where they were if we don’t have some mechanisms in place to keep us going. The change needs to have some deliberate focus so that we don’t slip back.

Theresa: I’ve learned an incredible amount and there are many things that the system does well. We have to work together for the good of the system as a whole. We need to work on the underlying trust issue in order to move forward. This rebuilding of trust needs to be done so that we can all move on – we need to make it a priority.

Jason: I have come to the conclusion that the regional councils are the most influential part of VA’s EMS system. They are the gatekeepers and they set the tone. There are some opportunities for consolidation and there are opportunities for collaboration. There also need to be some improvements in fiscal accountability to insure that the councils are delivering the contracted services.

Bruce: We need to create and maintain consistent ongoing collaborative efforts among and between regional councils. Some of the concerns have been expressed are in this trust issue. We have more collaboration since this committee brought the need for it to light and there is fear that it will go away when the process is over. The distrust between government and regional councils may be helped by having a regional representative at the local level to strengthen collaboration and trust. We are in this situation because that’s the way we designed the system to enable each council to design its own delivery system. But to achieve statewide standardization, there will have to be a change in how that works. Collaboration will only work so far; after that, we will have to be willing to make changes in this particular structure. Can we streamline things by having a service area served by two regional councils – would that push them toward more collaboration?

Gary C: During the last 9 months, I believe that we have identified lots of good things that are going on across the state, but we have also identified a lot of weaknesses. There are some equity issues and some service issues. There are problems with the contracts. If the deliverables are not being delivered, are we holding people accountable? Are we sharing best practices? There are opportunities for communication, collaboration, and sharing best practices. We need to look at the contract to evaluate it to make sure that what is in it is what we need to get to our summary vision. Whatever is in the vision, that accountability factor needs to be in there. Our grass roots participation is one of the strengths in VA’s EMS system in that the providers have had a voice. The OEMS has always tried to include them, but we need to make sure that the grass roots involvement is maintained.

THEMES/CONCLUSIONS REGARDING WHAT WE HAVE LEARNED

1. **STRUCTURE** - We should not redraw boundaries just to make fewer numbers
2. **TRUST** - There are significant trust issues that need to be addressed. Need to find a way to tackle it head on so that we can spend our time productively and not waste time that keeps us from focusing on our mission; find a way to rebuild relationships to overcome the trust issue
3. **COLLABORATION** - Collaboration is the key to the effort. Any model that we find will find upsides and downsides but it is collaboration that enables you to make it work.
4. **ACCOUNTABILITY** - We have to insure that there is accountability in the system and that it is sustained beyond this process. We are speaking of both programmatic and fiscal accountability.

FUNDAMENTAL DECISIONS

1. Should we go to State regional offices? (Table)
2. Should we redraw the service areas as proposed in Map C? No
3. Based on our collaborations in the proposed regions, are there any “friendly mergers” or changes in regional composition that may be advantageous? (see below)
4. If we are not going to consolidate, what opportunities for improvement need to be pursued in the system to achieve the vision for the Commonwealth’s EMS system?

What are we trying to achieve in realigning the service areas?

- As a system, be able to go to Board of Health with a solid proposal that we can all stand behind
- Rise above the issues that have been surfaced in the last year
- Come to a consensus that could move us forward a couple of notches

Why are service areas established?

- The Code requires service areas; they identify entities that are attached to an area that are responsible for the provision of services to the jurisdictions, licensed agencies, constituents
- Service areas should facilitate the achievement of the EMS Summary Vision
- If we designate a broader service area, the providers would feel ownership for both areas and be encouraged to have more commonality in service delivery
- Broader service area would stimulate more opportunities for collaboration

- Enable us to make improvements in the system without losing our identities

Go to Board of Health and ask them to make changes in the service areas as follows:

1. SWVAEMS
2. NVEMS
3. PEMS
4. TEMS
5. ODEMSA
6. BREMS AND WVEMS
7. FEDERATION

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Factors that may help us with our recommendations:

- Recognize that service areas may have multiple regional council contracts within them
- Moving from 8 services areas to 6 or 7 would show due diligence
- Representation on the Governor's Advisory Board would not change
- Include language in the Designation Manual that requires collaboration and accountability for it
- OEMS can temporarily waive the sections of the Designation Manual to facilitate this structure
- In addition, show Board of Health what we are going to do to improve the system in addition to changes in the service areas
- Make sure that we have the flexibility to incorporate neighboring localities where these discussions have taken place and where the councils wish to do so
- The service contracts need to be fixed – hold feet to fire regarding accomplishment of deliverables

REGIONAL EMS COUNCIL WORKING SUMMARY VISION FOR 2020

Note: This document, which is taken from the tag card grouping done by the PAT on 11-20-08, should be considered a draft document only. Should the PAT decide to use it in the future, further discussion and clear consensus on the Summary Vision is recommended.

We provide the highest level of quality in patient care to every citizen in the Commonwealth of Virginia as based on the best available evidence that is periodically reviewed and updated with continuous assessment and evaluation of outcomes and impact.

We do this as a system by our commitment to the achievement of the following outcomes:

1. **TRUST:** We have a regional system based on trust in which there is frank, honest and earnest discussion that is inclusive, representative of the system, and focused on our common goals for the Commonwealth.
2. **SHARED VISION AND VALUES:** We operate as a system of professionals with shared vision and values and philosophies. We are highly focused on the provision of effective, efficient, collaborative, and well-organized services at the regional and state level.
3. **DATA DRIVEN PERFORMANCE IMPROVEMENT:** We use research, science, and accurate data to constantly improve our performance and to assess patient outcome.
4. **STANDARDIZATION OF CARE:** We have a unified system of statewide protocols and are committed to doing things the same way to the degree that is appropriate so that patients receive a high quality standard of care. Our focus on high quality EMS education and training produces superbly trained EMS personnel.
5. **SOUND BUSINESS MODEL:** Our regional councils use a common, sustainable, and effective business model while routinely seeking efficiencies and applying current business practices.

6. **EFFICIENT RESOURCE MANAGEMENT:** The statewide EMS system has adequate well-trained personnel resources to deliver appropriate pre-hospital care based on measured standards and supported by sufficient equipment and supplies.

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SMALL GROUP BRAINSTORM ON CHANGES TO ACHIEVE SUMMARY VISION

What are the specific changes that we need to make in the EMS system to achieve our Summary Vision?

TRUST

- Improve communications, relationships, involvement, disclosure, respect
- Expectations of system and its components clearly articulated
- Accountability and measurable outcomes
- Requisite support and resources to deliver those expectations
- Mechanism or forum for empowerment of system to contribute and shape expectations
- Trust is built by being tested (individual accountability)
- Vertical/horizontal open information exchange
- EMS community regain control of/establish balance with hospitals and other stakeholders
- Make sure shared information is accurate and well founded when presented/discussed outside of the EMS community
- Philosophy of “our system”
- Seek input/buy in from local government bodies (city councils, BOS, town councils); legislation to strengthen, then seek to ensure continuous delivery of EMS

PHILOSOPHY AND VALUES

- Develop a system of voluntary standards
- People have the ability to shape the objectives/the work being done (leave the “how to do it” to the people)
- All need to agree on shared objectives/vision
- Buy in; commitment to support collective decisions
- Commitment to openness
- Contract language – clear, accurate, measurable
- More assertiveness from OEMS – enforcement
- Science based decisions

SHARED VISION AND VALUES

- Promote buy in
- Need to hear voices of those who aren’t in agreement
- Build consent; need to have good process
- Need more involvement (OMOS, providers, localities, other health care partners)
- Reaffirm a single voice (AD Board)
- Closer AB/BBOH relationship

- Engage all OMDs with vision (move toward statewide protocols, drug boxes, etc.)
- Engage AB with vision; engage regional council boards
- Use state EMS plan to implement elements of shared vision

CONSCIOUS AND DELIBERATE PRACTICE

- Develop and maintain plans that are used and studies
- True education and buy in on plans and practices
- Promote more awareness
- Make it easier for system to understand plans and practices
- Consumer/patient feedback and input

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STANDARDIZATION OF CARE

- Protocols (drug box, stemi, uniform supply (hospital) exchange program
- Practice privilege
- Enforcement of regulations
- Base contracts with councils with meaningful relevant deliverables
- Regional RSAF grant review process (all levels)
- Develop a mechanism to review and score available evidence and accommodate emerging and evolving data
- Establish a process to create guidelines, voluntary standards and formulary
- Provide incentives and rewards for meeting voluntary standards and following guidelines and formulary
- Provide a mechanism for integrating innovation and evolution of clinical standards
- Review regional plans/contracts (crafted to shared vision)
- Work with Commissioner to establish direct lines between OEMS and public safety departments
- Continue aggressive pursuit of statewide, web-based PPCR collection and analysis system (linked to hospital data to determine outcome)

SOUND BUSINESS MODEL

- Electronic data system implementation
- Leadership qualification to include business knowledge, skills, and abilities
- Coordinated employee benefits
- Training of Council staff and leadership in fiscal management, HR management, topic areas best practice sharing/education, and mentoring
- Exploration of how to formulate consistent local government support (funding) process
- Greater consistency in stakeholder representation and local boards
- Develop a mechanism to evaluate current practices and to identify opportunities to improve efficiency and effectiveness
- Promote multilateral communication and contribution regarding the evaluation of current practices and efforts to improve efficiency and effectiveness
- Develop measurable and demonstrable outcome measures to validate any changes made in above and re-evaluate, refine, and redirect periodically

RESOURCE MANAGEMENT

- Overall RSAF process
- Workforce retention – demonstrated evidence of success
- Improve recruitment and retention of career and volunteer providers
- Review state guidelines of resources (equipment) needed to deliver effective and efficient care – make sure quantities of equipment support needs
- Develop method to identify and define strategies to resolve barriers or impediments to effective resourcing of all levels/parties
- Develop method to prioritize resource needs and communicate that method and process; communicate priorities and anticipated time frames

PROVIDERS

- Feedback
- Facilitate buy in from providers
- Education
- Retention
- Safety

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ACTION PLANS

Small groups developed preliminary plans to address the outcomes in the EMS Summary Vision to include the following steps:

1. *Refine outcome statement*
2. *Develop objectives (major components of addressing the outcome; each would require an action plan)*
3. *Develop a list of possible key tasks and activities (not too detailed, no target dates)*
4. *Focus on an actionable plan that uses your best strategic thinking*

The plans will need more discussion and input from stakeholders in the system. The preliminary plans also have a direct relationship to the EMS Plan and could be aligned with these plans to enhance success.

TRUST

Outcome: We have a regional system based on trust in which there is a frank, honest, and earnest discussion that is inclusive, representative, and focused on our common goals for the Commonwealth

1. Improve Communication: Provide a platform for clear, accurate, and concise information sharing and improved communications
 - Conduct 7 Town Forums in each of the service areas annually
 - Continue to utilize information technology to improve timely communication with the system through the regional councils and OEMS
 - Develop agency e-mail list serve for every licensed agency
 - Develop a rumor control mechanism at the regional level for providers, agencies, and others
 - Develop a more formal mechanism to exchange information (OMES, Fire Programs, VDEM, regional councils)
 - Encourage information to be taken to the lowest level of agencies, organizations
2. Effective Relationships: Develop and maintain effective relationships among all EMS stakeholder groups
 - Regional Councils evaluate board make-up to ensure inclusiveness from within each system
 - Develop a mechanism or forum for the empowerment of the system so that it can contribute and shape expectations to achieve buy in
 - Establish clear expectations
 - No surprises

SHARED VISION AND VALUES

Outcome: We operate as a system of professionals with shared vision and values and philosophies. We are highly focused on the provision of effective, efficient, collaborative, and well-organized services at the regional and state level.

1. Reaffirm the Governor's EMS Advisory Board as the unified voice to articulate shared vision and values of the system
 - Ensure the EMS Advisory Board is representative of all stakeholders

- Engage all OMDs in process to develop to develop shared vision
- Utilize the EMS plan to implement the elements of the shared vision
- Support the legislative efforts in securing a dedicated EMS seat on the Board of Health

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STANDARDIZATION OF CARE

Outcome: We have a unified system of statewide protocols and are committed to doing things the same way to the degree that is appropriate so that patients receive a high quality standard of care. Our focus on high quality EMS education and training produces superbly trained EMS personnel.

1. Implement statewide protocols
 - Review literature
 - Define standards
 - Authoring education leading to implementation
 - Assess impact (S/P/O)
 - Periodic programmed review and revision
 - Establish a functional means to accommodate innovation
2. Implement standardization of practice privileges
 - Evidence-based scope of practice
 - Where evidence is sparse, generate study to define
3. Standardize contracts
 - Define the desired standard to ensure measurable, defined deliverables tied to discrete outcomes
 - Pursue performance-based funding (“at risk funding”)

DATA DRIVEN PERFORMANCE IMPROVEMENT

Outcome: We use research, science, and accurate data to constantly improve our performance and to assess patient outcome.

1. Develop data driven performance improvement approach
 - Reliable and sound data collection
 - Collected, collated, transparent, and accessible so as to allow independent analysis
 - Analyzed and reported
 - Accountability for submission requirement
 - Linked to hospital data (and other sources)
 - Adjusting strategies based on performance data
 - Evaluate performance based on data

SOUND BUSINESS MODEL

Outcome: Our regional councils use common, sustainable, and effective business model while routinely seeking efficiencies and applying current business practices.

1. Secure adequate funding for all regional councils
 - Identify revenue sources (state, local, federal, private, etc.)
 - Prepare and prioritize program budget
 - Periodically review expenditures to ensure budget compliance
 - Re-evaluate results and adjust
2. Establish, maintain, and refine compliant fiscal management policies
 - Offer annual audit compliance updates
 - Conduct annual review of regional contracts for compliance
 - Maintain competent business support staff

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EFFICIENT RESOURCE MANAGEMENT

Outcome: The statewide EMS system has adequate well-trained personnel resources to deliver appropriate pre-hospital care based on measured standards and supported by sufficient equipment and supplies.

1. Recruit and retain an adequate number of trained personnel
 - Develop, implement, and maintain
 - Training programs
 - Recruitment strategies
 - Retention strategies
 - Marketing strategies
 - Mentoring strategies
2. Acquire and maintain sufficient equipment and supplies
 - Identify and obtain equipment
 - Educate providers and agencies on the effective use of RSAF to purchase equipment
 - Foster more effective use of equipment



OBSERVATIONS ABOUT OUR ROLE AND NEXT STEPS

- We need to work on this more to develop a high quality approach
- We have the issue of buy in to address
- We have an obligation to bring people on board because of our leadership role
- The work we have done is closely related to the State EMS Plan and needs to be aligned. The State Advisory Board should use an integrated plan to make decisions. The Plan has been removed from the Code to make it more adaptive.

Next Steps	Who/When
1. Clarify/interpret the language in the Designation Manual to insure that more than one council can serve a service area (insure that that language does not exist in more than one area of the manual)	Tim, Dave C, Tina, and PAT Chair by 12/31/08
2. Develop a FACT sheet on the PAT's work and recommendations to include roster that summarizes the process, proposal, and the agreement. Clarify that PAT members fully participated and a public comment period allowed for others to provide additional information. Send to the PAT Members for review and comment before distribution.	PAT Chair, PAT Vice Chair, Tim, Dave C.
3. Each PAT member will make a report to the group that they represent using the FACT sheet. The group commits to utilizing the final approved FACT sheet as the primary method of communication to avoid confusion and misinformation.	
4. A small group will meet with Delegate Abbott to tell him that there has been agreement to the 7 service areas and ask him to remove the budget bill language.	Donna, PAT Chair, Jason
5. The 7 service areas that we have agreed upon will be presented to the EMS Advisory Board for adoption so that the proposal can go forward to the Commissioner.	2/13/09
6. Commissioner Remley and the Chair of the EMS Advisory Board will present the results of the PAT process to the Board of Health.	
7. OEMS will implement the designation process and send out the package, including the clarification regarding the ability of more than one council to serve within one service area. The Regional Councils will apply for designation.	
8. If councils submit their packages by March 1, 2009, regional contracts will be awarded by a date to be identified by OEMS (after conferring with legal counsel). The group	

would prefer July 2010 to enable improvements in the contract.	
9. The Chair will work with OEMS and other stakeholders to define an ongoing structure for implementation of the Summary Vision and other PAT/EMS issues.	
10. The PAT process will continue to develop the EMS Summary Vision and its strategies, including the use of teams (new or existing) to bring in more stakeholder input and potentially including the use of technology.	Quarterly?

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VIRGINIA'S REGIONAL EMS COUNCIL SYSTEM SUMMARY VISION (11-20-08)

HIGH QUALITY PATIENT CARE

High quality patient care for every person in Virginia based upon best available evidence that is periodically reviewed and updated with continuous assessment and evaluation of outcomes and impact

Truly Patient Focused - Non-Fragmented - EMS Leader in the Nation

Achieved by a focus on these outcomes:

TRUSTING SYSTEM	SHARED VISION, VALUES & PRINCIPLES	CONSCIOUS & DELIBERATE PRACTICE	STANDARDIZATION OF CARE	SOUND BUSINESS MODEL	RESOURCE MANAGEMENT
Develop a more trusting system: <ul style="list-style-type: none"> Frank Honest Earnest Inclusive Representative Strategic 	Shared vision, values, objectives with localized implementation: <ul style="list-style-type: none"> Coordinated Efficient Effective Collaborative Organized 	Measure and improve what we do and ask, "Is what we do for the patient improving his or her outcome?"	Doing things the same way to the degree that is appropriate so that every patient receives a high quality standard of care	Develop and support a sound business model: <ul style="list-style-type: none"> Open (to audit) Sustainable Sound business practices 	Develop and support an information clearing house to promote successful solutions, guidance documents, & pertinent resources addressing: <ul style="list-style-type: none"> Human Resources Material Resources
Trust that we are moving in the same direction together	Strong customer service across the regions with all stakeholders	EMS care based on most up to date research and science	Statewide medical protocols (standardized)	Comprehensive business practices	Statewide interoperable communications system
Demonstrated ability to stay within the vision	Shared objectives without micromanaging solutions to achieve them	Performance based on desired patient outcomes and not on provider/group' special interests	A more unified system (i.e. statewide protocols and drug boxes)	Efficiencies promoted by collaborative efforts	Standardized and linked communications system
Walk the talk	No set lines statewide		Standardized medical protocols	Most financially effective system	Provider retention programs
Genuine commitment	A true system – same vision, goals, and approach	Evidence based improved patient care	High quality EMS education and training		Training and education of providers
	Standardization of services	Performance based outcomes	Best trained EMS personnel		Model for rural EMS agencies
	Conscious, deliberate progress toward shared end points	Effective data-driven performance improvement			
	Best example of integrated, collaborative volunteer and career EMS systems	Standardized data collection and analysis system			
	Uniform and seamless border to border	Research based pre-hospital care			
	Coordinated, regionalized, and accountable emerg. care system				
	High quality provision of services among all councils				
	True interagency cooperation				
	Effectively balanced between health care and public safety				

	Seamless co-op between state, regional & local govt organiza.				
	Coordinated seamless programs among all councils				
	Well organized efficient system throughout entire state				
	Safe, reliable and available emergency medical care				
	Cooperative and coordinated system management				

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